

County: Sauk  
ST. CLARE MEADOWS CARE CENTER  
1414 JEFFERSON STREET

Facility ID: 4650

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BARABOO 53913 Phone:(608) 356-4838  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 102  
Total Licensed Bed Capacity (12/31/02): 102  
Number of Residents on 12/31/02: 101

Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? Yes  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 99

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		45.5
Supp. Home Care-Personal Care	No					More Than 4 Years		38.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.0			15.8
Day Services	No	Mental Illness (Org./Psy)	8.9	65 - 74	6.9			-----
Respite Care	Yes	Mental Illness (Other)	2.0	75 - 84	28.7			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	47.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	18.8	65 & Over	97.0	-----		
Transportation	No	Cerebrovascular	19.8		-----	RNs		12.8
Referral Service	Yes	Diabetes	5.0	Sex	%	LPNs		4.0
Other Services	No	Respiratory	6.9	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	34.7	Male	19.8	Aides, & Orderlies		
Mentally Ill	Yes		-----	Female	80.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

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#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
		Per Diem			Per Diem			Per Diem			Per Diem			Per Diem			Per Diem	Total Resi- dents	% Of All
Level of Care	No.	%	( \$)	No.	%	( \$)	No.	%	( \$)	No.	%	( \$)	No.	%	( \$)	No.	%	( \$)	
Int. Skilled Care	1	5.6	217	2	3.4	129	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3
Skilled Care	17	94.4	293	55	94.8	111	0	0.0	0	24	96.0	163	0	0.0	0	0	0.0	0	96
Intermediate	---	---	---	1	1.7	92	0	0.0	0	1	4.0	163	0	0.0	0	0	0.0	0	2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Total	18	100.0		58	100.0		0	0.0		25	100.0		0	0.0		0	0.0		101

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		% Needing		% Totally		Total	
				Assistance of		Dependent		Number of	
				One Or Two Staff				Residents	
Private Home/No Home Health	1.1	Daily Living (ADL)	Independent						
Private Home/With Home Health	0.6	Bathing	0.0	37.6		62.4		101	
Other Nursing Homes	5.7	Dressing	5.0	68.3		26.7		101	
Acute Care Hospitals	90.2	Transferring	15.8	52.5		31.7		101	
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	10.9	56.4		32.7		101	
Rehabilitation Hospitals	0.6	Eating	49.5	39.6		10.9		101	
Other Locations	1.7	*****							
Total Number of Admissions	174	Continence		%	Special Treatments			%	
Percent Discharges To:		Indwelling Or External Catheter		7.9	Receiving Respiratory Care			21.8	
Private Home/No Home Health	14.9	Occ/Freq. Incontinent of Bladder		67.3	Receiving Tracheostomy Care			0.0	
Private Home/With Home Health	34.9	Occ/Freq. Incontinent of Bowel		27.7	Receiving Suctioning			1.0	
Other Nursing Homes	0.6				Receiving Ostomy Care			2.0	
Acute Care Hospitals	1.7	Mobility			Receiving Tube Feeding			1.0	
Psych. Hosp.-MR/DD Facilities	0.6	Physically Restrained		1.0	Receiving Mechanically Altered Diets			35.6	
Rehabilitation Hospitals	0.0								
Other Locations	13.7	Skin Care			Other Resident Characteristics				
Deaths	33.7	With Pressure Sores		4.0	Have Advance Directives			98.0	
Total Number of Discharges		With Rashes		3.0	Medications				
(Including Deaths)	175				Receiving Psychoactive Drugs			57.4	
*****									
Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities									
*****									
	This	Ownership:		Bed Size:		Licensure:		All	
	Facility	Nonprofit		100-199		Skilled		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.1	92.2	1.05	85.5	1.13	86.7	1.12	85.1	1.14
Current Residents from In-County	89.1	76.0	1.17	78.5	1.14	69.3	1.29	76.6	1.16
Admissions from In-County, Still Residing	22.4	25.2	0.89	24.7	0.91	22.5	1.00	20.3	1.10
Admissions/Average Daily Census	175.8	95.0	1.85	114.6	1.53	102.9	1.71	133.4	1.32
Discharges/Average Daily Census	176.8	97.5	1.81	114.9	1.54	105.2	1.68	135.3	1.31
Discharges To Private Residence/Average Daily Census	87.9	38.4	2.29	47.9	1.84	40.9	2.15	56.6	1.55
Residents Receiving Skilled Care	98.0	94.3	1.04	94.9	1.03	91.6	1.07	86.3	1.14
Residents Aged 65 and Older	97.0	97.3	1.00	94.1	1.03	93.6	1.04	87.7	1.11
Title 19 (Medicaid) Funded Residents	57.4	63.8	0.90	66.1	0.87	69.0	0.83	67.5	0.85
Private Pay Funded Residents	24.8	28.5	0.87	21.5	1.15	21.2	1.17	21.0	1.18
Developmentally Disabled Residents	0.0	0.3	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents	10.9	37.9	0.29	36.8	0.30	37.8	0.29	33.3	0.33
General Medical Service Residents	34.7	23.0	1.50	22.8	1.52	22.3	1.55	20.5	1.69
Impaired ADL (Mean)	58.6	49.9	1.18	49.1	1.19	47.5	1.23	49.3	1.19
Psychological Problems	57.4	52.6	1.09	53.4	1.08	56.9	1.01	54.0	1.06
Nursing Care Required (Mean)	8.5	6.3	1.35	6.8	1.25	6.8	1.26	7.2	1.19